Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 07/16/01 through 08/27/01.
   b. The request was received on 05/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFAs
   c. EOBs
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:
   a. TWCC 60 and Response to a Request for Dispute Resolution
   b. EOBs
   c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/26/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/02/02. The initial response from the insurance carrier was received in the Division on 05/31/02. The insurance carrier did not respond to the provider's additional information. The initial response will be reviewed.

4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 05/08/02
   "The (Provider) has been reimbursed for services rendered to our patient,…at less than the $180.00 hourly rate we have submitted….Because there is no set fee guideline for chronic pain management in the 1996 TWCC Medical Fee Guidelines, we feel that the $180.00 per hour that is billed by (Provider) is fair and reasonable."

2. Respondent: Letter dated 05/31/02
"Carrier allowed a charge of $130.00 per hour for the services provided, which carrier contends is a fair and reasonable rate for the services provided."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/16/01 through 08/27/01.

2. Per the provider's TWCC-60, the amount billed is $24,840.00; the amount paid is $17,940.00; the amount in dispute is $6,900.00.

3. The carrier denied the billed services by code, "F – Reduced According to Fee Guideline".

4. The provider billed CPT code 97799-CP, a DOP procedure, for the dates in dispute.

V. RATIONALE

Medical Review Division's rationale:

The Medical Fee Guideline Medicine Ground Rule (II) (G) (9) states, "Chronic Pain Management shall be billed as code 97799-CP…" Medical documentation indicates the services were rendered. Rule 134.304 (c) states, "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)…" The carrier failed to submit explanation of benefits which included the correct payment exception codes required by the Commission's instructions or provide the provider with sufficient explanation to allow the provider to understand the reason for the denial.

Because CPT code 97799-CP has no MAR value, the carrier failed to provide sufficient explanation of benefits to the provider. The carrier failed to meet the standards set forth in Rule 134.304 (c). It also failed to establish it's methodology to determine fair and reasonable. Therefore, reimbursement in the amount of $**6,900.00** is recommended.

The above Findings and Decision are hereby issued this 5th day of February 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $6,900.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of February 2003.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/dmm